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PTO/SB/05 (8-96)

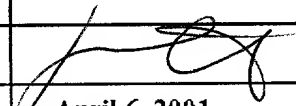
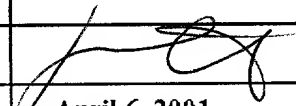
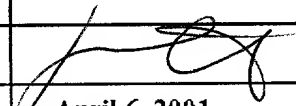
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NEW UTILITY PATENT APPLICATION TRANSMITTAL <small>(to be used for new applications only)</small>	Attorney Docket Number	P00043601X
	First Named Inventor	Jeffrey Fischer
	Total Pages in this Submission	30

J1031 U.S. PTO
09/827698
04/06/01

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS						
<p><i>Notice: Checklist items mentioned under Application Elements section construct a new utility patent application. Please refer to MPEP Sections 506, 601, (37CFR 1.77, 1.53, 35 USC 111, 112, 113) for detailed explanation regarding completeness of an original patent application.</i></p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (prescribed filing fee(s))</p> <p>2. Specification</p> <p><input checked="" type="checkbox"/> Title of the Invention</p> <p><input checked="" type="checkbox"/> Cross References to Related Applications (if applicable)</p> <p><input type="checkbox"/> Statement Regarding Federally-sponsored Research/Development (if applicable)</p> <p><input type="checkbox"/> Reference to Microfiche Appendix (if applicable)</p> <p><input checked="" type="checkbox"/> Background of the Invention</p> <p><input checked="" type="checkbox"/> Brief Summary of the Invention</p> <p><input checked="" type="checkbox"/> Brief Description of the Drawings (if drawings filed)</p> <p><input checked="" type="checkbox"/> Detailed Description</p> <p><input checked="" type="checkbox"/> Claim or Claims</p> <p><input checked="" type="checkbox"/> Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (when necessary as prescribed by 35 USC 113)</p> <p>4. <input checked="" type="checkbox"/> Executed Declaration</p> <p>5. Genetic Sequence Submission (if applicable, all must be included)</p> <p><input type="checkbox"/> Paper Copy</p> <p><input type="checkbox"/> Computer Readable Copy</p> <p><input type="checkbox"/> Statement Verifying Identical Paper and Computer Readable Copy</p>	<p>6. <input type="checkbox"/> Assignment Papers</p> <p>7. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>8. <input type="checkbox"/> Computer Program in Microfiche</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Petition Checklist and Accompanying Petition</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input type="checkbox"/> Proprietary Information</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard</p> <p>15. <input checked="" type="checkbox"/> Small Entity Statement</p> <p>16. <input checked="" type="checkbox"/> Additional Enclosures (please identify below):</p> <p>True copy of Provisional parent app</p> <p>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</p> <table border="1"><tr><td>Firm or Individual name</td><td>John C. Smith, Esq.</td></tr><tr><td>Signature</td><td></td></tr><tr><td>Date</td><td>April 6, 2001</td></tr></table>	Firm or Individual name	John C. Smith, Esq.	Signature		Date	April 6, 2001
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Signature							
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FOR OFFICIAL USE ONLY					
Application Number			Class		Independent Claims
Date of Receipt	Application Type		GAU		Total Claims
	Filing Date		Foreign Filing License?		Drawing Sheets
	Small Entity		Foreign Address?		Special Handling?

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FEE TRANSMITTAL	Complete if Known	
	Application Number	
	Filing Date	April 6, 2001
	First Named Inventor	Jeffrey Fischer
	Group Art Unit	
	Examiner Name	
TOTAL AMOUNT OF PAYMENT	(\$) 355.00	
	Attorney Docket Number	P00043601X

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input style="width: 150px;" type="text"/></p> <p>Deposit Account Name <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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* Reduced by Basic Filing Fee Paid

SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	John C. Smith, Esq.		Reg. Number	33,284
Signature		Date	4/6/2001	Deposit Account User ID